Under the Paperwork Reduction A	t of 1995 no persons are rec	nuired to re		t and Trad	emark Office; U.S. D	DEPARTMENT OF COMMERCE avs a valid OMB control number	
Effective on 12/08/2004.		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nur	nber	10/669,866			
FEE TRANSMITTAL   For FY 2008		Filing Date		September 24,	2003		
		First Named Inv	ventor	John H. Zybura			
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	е	Srirama T. Channavajjala			
		2/	Art Unit		2166		
TOTAL AMOUNT OF PAYMEN	T (\$) 0.00		Attorney Docke	t No.	305709.01		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-4143 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Grange recta) indicated bottom, except for the iming rec							
Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH	, AND EXAMINATION	FEES					
F	ILING FEES Small Entity	SEAR	CH FEES	EXAM	INATION FEES	3	
Application Type F	ee (\$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (	Small Entity S Fee (\$)	Fees Paid (\$)	
Utility 3	10 155	510	255	210	105		
Design 2	10 105	100	50	130	65		
Plant 2	10 105	310	155	160	80		
Reissue 3	10 155	510	255	620	310		
Provisional 2	10 105	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim of			210	105			
Multiple dependent claim			370	185			
$\frac{\text{Total Claims}}{0} = \frac{\text{Extra Claims}}{20 \text{ or HP}} = \frac{\text{Fee (\$)}}{0} = \frac{\text{Fee Paid (\$)}}{0.00}$					Fee (\$)	Dependent Claims Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.					0.00	0.00	
Indep. Claims   Extra Claims   Fee (5)   Fee Paid (5)							
0 - 3 or HP = 0 x 220.00 = 0.00  HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 59 or fraction thereof  100 = (round up to a whole number) x =   Fee Paid (S)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing su			an count)				

SUBMITTED BY			
Signature	/Christopher J. Culberson/	Registration No. 59136 (Attorney/Agent)	Telephone 509-755-7266
Name (Print/Type)	Christopher J. Culberson		Date 04/03/2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.